

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB	<b>APPROVA</b>	L
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OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden

Hours per response:	16.00
SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (  check if this is an amendment and name has changed, and indicate change Alliance Institutional Fund, a Delaware Business Trust: Emerging Markets Equity Fund	.)
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section	4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	05063955
Alliance Institutional Fund, a Delaware Business Trust	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1100 Market Street, Wilmington, Delaware 19890	Telephone Number (Including Area Code) (302) 429-1546
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business To operate as private investment company.	THUCKSED
Type of Business Organization  corporation limited partnership, already formed business trust limited partnership, to be formed	(please specify): PAUG 2 4 2005 THOMSON
Actual or Estimated Date of Incorporation or Organization:  Month Year  3 97	FINANCIAL  Actual
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State: <u>DE</u>
GENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



			-	A. BASIC IDEN	ΓΙΓΙCATION DATA		
2.	En	ter the information	on requested for th	e following:			
	0	Each promoter	of the issuer, if th	e issuer has been organized	within the past five years;		
	0	Each beneficial of the issuer;	l owner having the	e power to vote or dispose, o	or direct the vote or disposition	n of, 10% or more o	f a class of equity securities
	0	Each executive	e officer and direct	or of corporate issuers and o	of corporate general and mana	ging partners of par	tnership issuers; and
	0	Each general a	nd managing partr	ner of partnership issuers.			
Check	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	The Delaware Trustee
Full N		Last name first, it Imington Trust (					
Busine		Residence Addre	,	r and Street, City, State, Zip	Code)		
Check		s) that Apply:	et, Wilmington, DI Promoter	Beneficial Owner	Executive Officer	Director	☐ The Custodial Trustee
	The	ast name first, if	Company	10, 0, 0, 7			
Busine		Residence Addre South La Salle S	ss (Numbe Street, Chicago, Illi	r and Street, City, State, Zip	(Code)		
Che		(es) that Apply:		Beneficial Owner	Executive Officer	Director	Investment Manage
Full Na		ast name first, if iance Capital Ma					
Busine		Residence Addre	ss (Numbe Americas, New Y	r and Street, City, State, Zip	Code)		
Check		s) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Na		ast name first, if iance Capital Gl	individual) obal Derivatives C	orporation			
Busine		Residence Addre	ss (Numbe Americas, New Y	r and Street, City, State, Zip ork, NY 10105	Code)		
Check	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	ame (L	ast name first, if	individual)				
Busine	ss or F	Residence Addre	ss (Numbe	r and Street, City, State, Zip	Code)		
			(Use blant	sheet, or copy and use add	itional copies of this sheet, as	necessary.)	

			· . · · · · ·		В.	INFORMA	TION AB	OUT OFFE	RING					
1. 2.	A What is	answer also the minim	in Append	lix, Columi nent that w	n 2, if filin ill be accep	g under UL oted from a	OE. ny individu	vestors in the	Ū		\$3,	No 🔀 0000,000*		
3. 4.	Enter the remune agent of	ne informat ration for s f a broker o	tion request solicitation or dealer re	ed for each of purchase gistered wi	person whers in conn th the SEC	no has been ection with and/or wit	or will be sales of se h a state or	curities in t states, list	en, directly he offering the name o	or indirect . If a perso f the broke	ly, any cor on to be list r or dealer.	mmission o	ociated person or an five (5)	
Full Na	me (Last	name first	, if individu	ual)										
			fress (Num) cas, New Y			tate, Zip C	ode)							
Name o	f Associ	ated Broke	r or Dealer	,										
			ent Researc ted Has Sol				asers							
			or check in											
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last	name first	, if individu	ıal)										
Busines	s or Resi	idence Ado	lress (Numl	per and Stre	eet, City, S	tate, Zip C	ode)							
Name o	f Associa	ated Broke	r or Dealer		<u> </u>									
			ted Has Sol or check inc			olicit Purch	asers					☐ All	States	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last	name first	, if individu	ıal)										
Busines	s or Resi	idence Add	lress (Numl	oer and Stre	eet, City, S	tate, Zip C	ode)							
Name o	f Associa	ated Broke	r or Dealer											
			ed Has Sol or check inc			olicit Purch	asers					☐ All	States	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

9925822.1

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF I	PROCEEDS		····
1.	Enter the aggregate offering price of securities included in this offering and the total amount already s "none" or "zero". If the transaction is an exchange offering, check this box [ ] and indicate in the co the securities offered for exchange and already exchanged.				f
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	[ ] Common [ ] Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify a Delaware Business Trust)	\$10.	000,000,000	\$68	,382,310.00
	Total			_	,382,310.00
	Answer also in Appendix, Column 3, if filing under ULOE.	4.0,			,002,010.00
	aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	_	gregate Dollar Amount of Purchases
	Accredited Investors		13	\$68	,382,310.00
	Non-accredited Investors		0	\$	0
	Total (for filing under Rule 504 only)			\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			 \$	
	Total			 \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	ect to f			If
	Transfer Agent's Fees		[ >	: ] _	;

Printing and Engraving Costs..... [ x] \$\* Legal Fees. \$\* [ x ] Accounting Fees \$\* [ x ] Engineering Fees [ x ] Sales Commissions (specify finders' fees separately)..... \$ [ x ] Other Expenses (identify) **\$**\* [ x ] Total \$100,000\* [x]

<sup>\*</sup>All offering and organizational expenses are estimated not to exceed \$100,000\*.

	C. OFFERING PRICE, NUMBER OF I	NVESTOR:	S, EXI	PEN	SES AND USE OF	PR	OCE	EDS
	b. Enter the difference between the aggregate offering price give expenses furnished in response to Part C - Question 4.a. This diffissuer."	fference is th	ie "adj	uste	d gross proceeds to	the		\$9,999,900,000
5.	Indicate below the amount of the adjusted gross proceeds to the i purposes shown. If the amount for any purpose is not known, fu estimate. The total of the payments listed must equal the adjuster C - Question 4.b above.	rnish an esti	mate a	and c	check the box to the	e left	of the	e to Part
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees	**************	[	]	\$	[	]	\$
	Purchase of real estate	•••••	[	}	\$	[	]	\$
	Purchase, rental or leasing and installation of machinery and equ	ipment	[	]	<u>\$</u>	[	]	\$
	Construction or leasing of plant buildings and facilities		[	]	\$	]	]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assecurities of another issuer pursuant to a merger)	sets or	[	]	\$	[	]	\$
	Repayment of indebtedness	*************	[	]	\$	[	]	\$
	Working capital		[	]	\$	[	]	\$
	Other (specify): Investment Capital		[ x	: ]	\$9,999,900,000	]	]	\$
	Column Totals		{ x	]	\$9,999,900,000	[	]	\$
	Total Payments Listed (column totals added)				[x] <u>\$</u>	9,99	9,900	0,000
	D. FEI	DERAL SIC	NATU	JRE				
sig	e issuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the U.S formation furnished by the issuer to any non-accredited investor pure	S. Securities	and E	xcha	ange Commission, u			
Iss	uer (Print or Type)	Signature		•	11/1	/	Г	Date
	liance Institutional Fund, a Delaware Business Trust: nerging Markets Equity Fund	7		/	ML		1	8/16/05
Na	me of Signer (Print or Type)	Title of Sig	ner (Pi	rint o	or Type)			, ,
	James J. Posch	General Pa	artner	of A		1ana		gement Corporation the ent L.P. the Investment
		TTENTY						
	A	TTENTION						

F ST	TATE SIGNATURE								
		Ye							
1. Is any party described in 17 CFR 230.262 presently subject to	any of the disqualification provisions of such	rule?							
See Appendix, Column 5	, for state response. Not applicable								
2. The undersigned issuer hereby undertakes to furnish to any s (17 CFR 239.500) at such times as required by state law. Not		otice is filed, a notice on Form							
3. The undersigned issuer hereby undertakes to furnish to the st offerees. Not applicable	tate administrators, upon written request, infor	mation furnished by the issuer							
The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. <b>Not applicable</b>									
The issuer has read this notification and knows the contents to undersigned duly authorized person.	be true and has duly caused this notice to	be signed on its behalf by							
ssuer (Print or Type)	Signature	Date							
Alliance Institutional Fund, a Delaware Business Trust: Emerging Markets Equity Fund	Joloh L	8/16/05							
Name (Print or Type)	Title (Print or Type)								
James J. Posch	Assistant Secretary of Alliance Capital Management Corporation General Partner of Alliance Capital Management L.P. the Investr Manager of the Delaware Business Trust								
	ivialiager of the Belaware Business 1	Tust							

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### **APPENDIX**

# ALLIANCE INSTITUTIONAL FUND, A DELAWARE BUSINESS TRUST: EMERGING MARKETS EQUITY FUND

1	1 2	<del>)</del>	3	COING MAI	KETS EQUIT	TTOND			5
•	Intend to non-acconnection invest State (Part B-	o sell to credited ors in	Type of security and aggregate offering price offered in state (Part C-Item 1)	Туре о	f investor and amou Part C-Ite	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests \$10,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL								i	
AK									
AZ									
AR									
CA		X	X	1	\$3,000,000.00	0	0		
СО									
СТ									
DE									
DC							7		
FL									
GA									
HI									
ID									
IL		X	X	3	\$13,082,310.00	0	0		
IN		X	X	1	\$20,000,000.00	0	0		
IA									
KS									
KY									
LA		X	X	3	\$12,000,000.00	0	0		
ME									
MD									
MA		X	X	2	\$4,250,000.00	0	0		
MI					_				
MN								··········	
MS									
МО									
MT									

### APPENDIX

## ALLIANCE INSTITUTIONAL FUND, A DELAWARE BUSINESS TRUST: EMERGING MARKETS EQUITY FUND

1	Intend to non-accr investo State (Part B-I	sell to redited ors in te	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type o	5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
			Limited Partnership Interests	Number of Accredited		Number of Non- Accredited			
State	Yes	No	\$10,000,000,000	Investors	Amount	Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY									
NC		<del></del>							
ND									
OH OK									
OR									
PA		X	X	2	\$12,600,000.00	0	0		
RI			7.		\$12,000,000.00				
SC									
SD									
TN									
TX		X	X	1	\$3,450,000.00	0	0		
UT		<del></del>							
VT									
VA							<del></del>		
WA									
WV									
WI		· <u>-</u>							
WY									
PR									